

[Date]

[Employer Name]

[Employer Address]

[City, State, Zip Code]

[Employer Identification Number - EIN]

To Whom It May Concern,

This letter is to certify the employment of **[Employee Name]** for the purposes of the Public Service Loan Forgiveness (PSLF) program.

**Employee Information:**

- Full Name: [Employee Name]
- Social Security Number: [XXX-XX-XXXX]
- Date of Birth: [MM/DD/YYYY]

**Employment Details:**

- Employment Start Date: [MM/DD/YYYY]
- Employment End Date: [MM/DD/YYYY or "Present"]
- Employment Status: [Full-time / Part-time]
- Average Hours Worked Per Week: [Number of Hours]

**Employer Organization Type:**

I certify that [Employer Name] is a **[Government Organization / 501(c)(3) Non-Profit / Other Qualifying Non-Profit]**.

I certify that the information provided above is true and correct based on our personnel records.

Sincerely,

[Signature]

[Printed Name of Authorized Official]

[Title]

[Phone Number]

[Email Address]